### **Continuous Improvement Monitoring Process (CIMP) District Self Assessment**



**Tennessee Department of Education Division of Special Education** 

Office of Early Childhood Brenda Bledsoe, Director

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### TENNESSEE **Part C Continuous Improvement Monitoring** Self-Assessment Cluster: 1.0 PUBLIC AWARENESS Outcome/Desired Result: 1.1 Early intervention service providers participate in the development of an effective district wide child find system which results in early identification of all children with special developmental needs. Indicator (of implementation) A. Early intervention service providers' plans for child find are effective and are coordinated with primary referral sources. Authority CFR 303.147; 303.321; TCA 49-10-702 Potential Data Sources Log of calls into child find system School data (survey, forum) List of child find activities Personnel interview Record reviews LICC minutes See 1.1 A (TEIS) Screening information 618 data, (2% census data) Family data (surveys, forums, interviews) Quantitative Data **LICC Response** Indicator Achieved: If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1) (Circle one) Yes **Partial** No Data Sources Utilized (Attach analysis of Data to support conclusion(s): Conclusions and Comments: TN Division of S. E. Use Only Status: ☐ Compliance ☐ Non-Compliance Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments

See guidance for determining compliance on reverse side of this page

PA 1.1A

Cluster: 1.0 PUBLIC AWARENESS

Outcome/Desired Result: 1.1 Early intervention service providers participate in the development of an effective district wide child find system which results in early identification of all children with special developmental needs.

#### **Indicator (of implementation)**

**A.** Early intervention service providers' plans for child find are effective and are coordinated with primary referral sources.

#### LICC Guidance for Determining Compliance

- 1. Do early intervention service providers participate in district/county-wide formal child find activities?
- 2. Do early intervention service providers coordinate with appropriate policy makers in the local school districts, public health agencies and other early intervention providers including TEIS to coordinate child find activities and distribution of culturally appropriate materials?
- 3. Is there evidence that referrals into the early intervention system come from multiple sources?
- 4. Have early intervention service providers educated the primary referral sources to refer families into TEIS Point of Entry (POE) within 2 days of identification?
- 5. Do early intervention service providers promote referrals into the early intervention system from parents?
- 6. Does data indicate that all primary referral sources are making referrals?

#### Note:

- 1. Primary referral source- includes
  - (i) Hospitals, including prenatal and postnatal care facilities'
  - (ii) Physicians
  - (iii) Parents
  - (iv) Child care programs
  - (v) Local education facilities
  - (vi) Public health facilities
  - (vii) Other social service agencies; and
  - (viii) Other health care providers. CFR 303.321 (d) (3).

#### TENNESSEE **Part C Continuous Improvement Monitoring** Self-Assessment

Cluster: 1.0 PUBLIC AWARENESS

Outcome/Desired Result: 1.2 Early intervention service providers within the district participate in the development and implementation of a comprehensive and effective public awareness program.

#### Indicator (of implementation)

A. Early intervention service providers within the district utilize culturally appropriate materials that accurately and effectively describe the early intervention system to families, to primary referral sources and to community members.

#### Authority

CFR: 303.12; 303.128; 303.147; 303.162; 303.320, TNSBE Sec. 0520-1-10-.02; TCA 49-10-702

#### Potential Data Sources

- District census and demographic data
- Lists of referral sources within the district
- Minutes from LICC and/or related LICC committee meetings
- Agency/district public awareness materials distribution records
- District/agency participation in LICC activities (other than meeting attendance)
- 618 data (Dec. 1 Federal Child Count)
- TEIS quantitative data
- Individual agency PA activity logs

See guidance for determining compliance on reverse side of this page. PA 1.2 A

- Survey data
- Variety of media formats

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LICC Response				
Indicator Ac	hieved:			If no or partial, complete Program Improvement
(Circle one)		No	Partial	Plan (P.I.P. form in appendices, (A1)
`				
Data Sources	Utilized (	Attach analy	sis of Data to s	support conclusion/s):
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Conclusions	and Comn	nente:		
Conclusions	and Comm	nento.		
TN Division	of S. E. U	se Only		Status: ☐ Compliance ☐ Non-Compliance
Date of Valid				
Monitoring Co	onsultant/s	s Reviewing:		
Additional Inf	ormation/	Comments		

Cluster: 1.0 PUBLIC AWARENESS

Outcome/Desired Result: 1.2 Early intervention service providers within the district participate in the development and implementation of a comprehensive and effective public awareness program.

#### **Indicator (of implementation)**

**A.** Early intervention service providers within the district utilize culturally appropriate materials that accurately and effectively describe the early intervention system to families, to primary referral sources and to community members.

#### LICC Guidance for Determining Compliance

- **1.** Are materials available for distribution (ex. posters, brochures, fliers, or novelties) that describes Tennessee's early intervention system?
- **2.** Are materials disseminated in a variety of languages, formats and occasions that target multicultural populations and other underrepresented groups in a manner that represents the unique makeup of the district/county?
- 3. Are current copies of the TEIS central directory available for distribution, as needed?
- **4.** Do early intervention service providers submit updates to contact information for the central directory to the TEIS office in a timely manner?
- **5.** Are public awareness materials, including the central directory disseminated through appropriate community agencies in the district including parent training and information centers?
- 6. Do the public awareness materials that are disseminated in the district:
  - provide information regarding early intervention to primary referral sources?
  - describe how to make a referral into the TEIS Point of Entry (POE) for the early intervention system?
  - describe how to gain access to evaluation and early intervention services?

#### Note:

- 1. **Primary referral sources-** means hospitals (including prenatal and postnatal care facilities), physicians, parents, child care programs, local educational agencies, public health facilities, other social services, other health care providers. TN SBE 0520-1-10-.01 (44).
- 2. Early Intervention System-means the total effort in Tennessee that is directed at meeting the needs of infants and toddlers eligible under IDEA Part C and their families. TN SBE 0520-1-10-.01 (16).
- 3. Public Awareness Program-means the program that focuses on the early identification of children who are eligible to receive early intervention services and includes the preparation and dissemination of materials by the lead agency to all primary referral sources and parents on the availability of early intervention services. The program must inform the public about the early intervention system, the Child Find system, and the central directory. TN SBE 0520-1-10-.01 (47).
- 4. Central Directory-means a system-wide directory of information about public and private early intervention services, resources, and experts available in the State; research and demonstration projects being conducted in the State; and professional and other groups that provide assistance to children eligible under IDEA Part C and their families. TN SBE 0520-1-10-.01 (7).
- 5. Single Point of Entry (POE)-means the State's toll free number that links families and other referral sources to the network of local points of entry (TEIS) offices. TN SBE 0520-1-10-.01 (53).

### **TENNESSEE Part C Continuous Improvement Monitoring Self-Assessment**

Cluster: 1.0 PUBLIC AWARENESS Outcome/Desired Result: 1.2 Early intervention service providers within the district participate in the development and implementation of a comprehensive and effective public awareness program. **Indicator (of implementation)** B. Early intervention service providers participate in the development and implementation of a plan for informing the public about Tennessee's early intervention system such as distribution of public service announcements, newspaper articles, posters and other community information processes. Authority CFR: 303.12, 303.128; 303.147; 303.162 303.320; TN SBE Sec. 0520-1-10-.02 (1); 0520-1-10-.02 (2); 0520-1-10-.09 (5); TCA 49-10-702 Potential Data Sources Public awareness materials Demographic data School survey Distribution lists Public awareness activity logs Family data (surveys, forums, etc) LICC Response If no or partial, complete Program Improvement Plan Indicator Achieved: (Circle one) Yes No **Partial** (P.I.P. form in appendices, (A1) Data Sources Utilized (Attach analysis of Data to support conclusion/s): Conclusions and Comments: TN Division of S. E. Use Only Status: ☐ Compliance ☐ Non-Compliance Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments

See guidance for determining compliance on reverse side of this page. PA 1.2 B

Cluster: 1.0 PUBLIC AWARENESS

Outcome/Desired Result: 1.2 Early intervention service providers within the district participate in the development and implementation of a comprehensive and effective public awareness program.

#### Indicator (of implementation)

**B.** Early intervention service providers participate in the development and implementation of a plan for informing the public about Tennessee's early intervention system such as distribution of public service announcements, newspaper articles, posters and other community information processes.

#### **LICC Guidance for Determining Compliance**

- **1.** Are there copies of public service announcements and newspaper articles that have been distributed by the agency on file?
- 2. Are there brochures that describe Tennessee's early intervention system available for distribution?
- 3. Are there are current copies of the TEIS central directory available for distribution?
- **4.** Do early intervention service providers participate in the development of a plan for linking the needs of the identified target populations, the materials available and the dissemination activities employed?
- **5.** Do early intervention service providers link with community and parent support groups and families to disseminate information regarding early intervention and develop outreach activities?
- 6. Do early intervention service providers participate in the LICC interagency public awareness activities at the local and regional level?

Part C Continuous Improvement Monitoring Self-Assessment		
Cluster: 1.0 PUBLIC AWARENESS		
Outcome/Desired Result: 1.3 The implement Find system results in the identification of	ntation of a comprehensive coordinated Child all eligible infants and toddlers.	
Indicator (of implementation)  A. The percentage of all eligible infants and toddler comparable to State and national data.	rs that are receiving early intervention services is	
Authority CFR: 303.165; 303.321TN SBE Sec. 0520-1-1002	2 (3)	
Potential	Data Sources	
<ul><li>618 Child Count data</li><li>Census data</li></ul>	<ul><li>Demographic data</li><li>State and national prevalence rates</li></ul>	
LICC	Response	
Indicator Achieved: (Circle one) Yes No Partial	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)	
Conclusions and Comments:		
Conclusions and Comments:		
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance	
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments	,	
	ce for determining compliance on reverse side of this page. PA 1.3 A	

Cluster: 1.0 PUBLIC AWARENESS

Outcome/Desired Result: 1.3 The implementation of a comprehensive coordinated Child Find system results in the identification of all eligible infants and toddlers.

#### Indicator (of implementation)

**A.** The percentage of all eligible infants and toddlers that are receiving early intervention services is comparable to State and national data.

#### **LICC Guidance for Determining Compliance**

- 1. Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?
- 2. Is the percentage of eligible infants with disabilities under the age of 1 that are receiving Part C services comparable with State and national data?

#### Notes:

**1.** Possible data sources include 618 State reported data; national and state demographic and prevalence data; geographic referral data; number of children identified and evaluated; state data of race/ethnicity by geographic region; state data regarding age at referral. (Part C Annual Performance Report (APR) Reporting Procedures and Tables, Draft: OSEP. Examples of Possible Data Sources to Assist with Completion of APR (12/02).

Part C Continuous Improvement Monitoring Self-Assessment			
Cluster: 2.0 EVALUATION/ASSESSME	ENT		
Outcome/Desired Result: 2.1 Child eligibility services.	dren receive a multidisciplinary evaluation to determine		
Indicator (of implementation)  A. Multidisciplinary evaluations are comintervention system.	pleted within 45 days of infants or toddler's referral into the early		
Authority CFR 303.322; 303.321; TN SBE Sec. 05	520-1-1002 (9)		
	Potential Data Sources		
<ul><li>TEIS quantitative data</li><li>Record reviews</li><li>618 data</li></ul>	<ul> <li>List of current evaluators</li> <li>List of available evaluators</li> <li>See 2.1 A (TEIS)</li> </ul>		
	LICC Response		
Indicator Achieved: (Circle one) Yes No P	If no or partial, complete Program Improvement Partial Plan (P.I.P. form in appendices, (A1)		
Data Sources Utilized (Attach analysis o	i Data to support conclusion/s).		
Conclusions and Comments:			
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance		
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments			
	See guidance for determining compliance on reverse side of this page. E/A 2.1 A		

Cluster: 2.0 EVALUATION/ASSESSMENT

Outcome/Desired Result: 2.1 Children receive a multidisciplinary evaluation to determine eligibility services.

#### **Indicator (of implementation)**

**A.** Multidisciplinary evaluations are completed within 45 days of infants or toddler's referral into the early intervention system.

#### LICC Guidance for Determining Compliance

- 1. Are initial evaluations completed within 45 days of infant and toddler's referral into the early intervention system?
- 2. Are there evaluators who are qualified to conduct and interpret evaluations?
- 3. Are professionals who conduct evaluations:
  - from the discipline of early childhood development
  - meet the Tennessee Professional Standards for Early Childhood Education and/or Early Childhood Special Education; or have formal training and experience in field of early childhood development
  - have experience in conducting developmental evaluations of young children.
- 4. Are there resources to meet the cultural needs of the district, such as interpreters, translated documents, and service providers?

#### Notes:

- 1. Evaluation-means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part (C), consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining status of the child in each of the developmental areas in paragraph (C) (3) (ii) in this section. CFR 303.322 (b).
- 2. **Profession or Discipline-**means a specific occupational category that:
  - (a) Provides early intervention services to children and their families under IDEA C
  - **(b)** Has been established or designated by the State: and
  - (c) Has required scope of responsibility and degree of supervision. TN SBE 0520-1-10.01 (46).
- 3. **Multidisciplinary-**means the involvement of two or more disciplines or professions in the provisions of integrated and coordinated services, including evaluation and assessment activities and development of IFSP. CFR 303.17 TN SBE 0520-1-10-.01 (35)

### **TENNESSEE** Self-Assessment

**Part C Continuous Improvement Monitoring** Cluster: 3.0 INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) Outcome/Desired Result: 3.1 Each child receiving early intervention services have a current Individualized Family Service Plan (IFSP. Indicator (of implementation) A. Initial meetings to develop IFSPs are held within 45 days of referral into the early intervention system. Authority CFR: 303.342; 303.401; TN SBE Sec. 0520-1-10-.02 (10); 0520-1-10-.03 (2) Potential Data Sources TEIS quantitative data Family forum See 3.1 A (TEIS) **LICC Response Indicator Achieved:** If no or partial, complete Program Improvement Plan (Circle one) Yes No **Partial** (P.I.P. form in appendices, (A1) Data Sources Utilized (Attach analysis of Data to support conclusion/s): Conclusions and Comments: TN Division of S. E. Use Only Status: ☐ Compliance ☐ Non-Compliance Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments

See guidance for determining compliance on reverse side of this page. IFSP 3.1 A



Cluster: 3.0 IFSP

Outcome/Desired Result 3.1 Each child receiving early intervention services have a current Individualized Family Service Plan (IFSP).

#### **Indicator (of implementation)**

A. Initial meetings to develop IFSPs are held within 45 days of referral into the early intervention system.

#### LICC Guidance for Determining Compliance

- 1. Are initial IFSPs developed within 45 days of infants and toddlers referral into the early intervention system?
- 2. What are the obstacles to completion of IFSPs within 45 days?

#### Note:

- **1.** 45 day timeline is from date of referral into the early intervention system using calendar days.
- **2.** Obstacle means to hinder, stand in the way of or holds up progress. Examples include: lack of evaluators; scheduling difficulties; etc.
- 3. Individualized Family Service Plan (IFSP)-means a written plan, developed in accordance with IDEA Part C, for providing early intervention services and other services to an eligible child and the child's family. TN SBE 0520-1-10-.01 (23).

Part C Continuous Improvement Monitoring Self-Assessment		
Cluster: 3.0 IFSP		
Outcome/Desired Result: 3.1 Each current Individualized Family Serv		ceiving early intervention services have a (IFSP).
Indicator (of implementation)  B. Early intervention service providers/ag Individualized Family Service Plans (IFS)		ithin the district participate in the development of
Authority CFR: 303.322; 303.344; TN SBE Sec. 05	520-1-10	02 (10)
	Potentia	Data Sources
TEIS Quantitative data Record reviews		Child count data
	LICC	Response
Indicator Achieved: (Circle one) Yes No P	artial	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)
Data Sources Utilized (Attach analysis of	T Data to s	upport conclusion/s):
Conclusions and Comments:		
TN Division of S. E. Use Only		Status: ☐ Compliance ☐ Non-Compliance
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments		
	See guidance	for determining compliance on reverse side of this page. IFSP 3.1 B

Cluster: 3.0 IFSP

Outcome/Desired Result: 3.1 Each child receiving early intervention services have a current Individualized Family Service Plan (IFSP).

#### Indicator (of implementation)

B. Early intervention service providers/agencies within the district participate in the development of Individualized Family Service Plans (IFSP).

#### **LICC Guidance for Determining Compliance**

- 1. Is the information from the early intervention service providers that participated in the evaluation/assessment included in the IFSP?
- Do the Present Levels of Development pages on IFSPs include evaluation and assessment information. from various early intervention service providers in the district?
- 3. Do the IFSPs contain procedures, including steps, activities and strategies that will be used by a variety of early intervention service providers within the district?
- 4. Are all the early intervention services that are being provided to the particular infant and toddler listed on the service page of the IFSPs?
- 5. Do early intervention service providers attend IFSP meetings when invited?
- 6. Do early intervention service providers provide evaluation/assessment and progress reports as appropriate to the IFSP team?

#### Notes:

1. Early Intervention Services-means services that (1) are designed to meet the needs of each child eligible and the needs of the family related to enhancing the child's development; (2) are selected in collaboration with the parents; and (3) are provided (i) under public supervision; (ii) by qualified personnel; (iii) in conformity with an IFSP; and (4) no cost, unless subject to Sec. 303.520 (b) (3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and (4) meets the standards of the State, including requirements of this part. CFR 303.12.

### **TENNESSEE Part C Continuous Improvement Monitoring Self-Assessment** Cluster: 4.0 SERVICE COORDINATION N/A for LICC Authority Potential Data Sources **LICC Response Indicator Achieved:** If no or partial, complete Program Improvement (Circle one) Yes **Partial** Plan (P.I.P. form in appendices, (A1) No Data Sources Utilized (Attach analysis of Data to support conclusion/s): Conclusions and Comments: TN Division of S. E. Use Only Status: ☐ Compliance ☐ Non-Compliance Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments See guidance for determining compliance on reverse side of this page. SC 4.0

Guidance		
Cluster: 4.0 SERVICE COORDINATION		
Outcome/Desired Result:		
Indicator (of implementation)		
LICC Guidance for Determining Compliance		

Part C Continuous Improvement Monitoring Self-Assessment			
Cluster: 5.0 TRANSITION			
Outcome/Desired Result: 5.1 Early intervention providers to promote coordination of services a	service providers will collaborate with local service as families move between programs.		
Indicator (of implementation)  A. Early intervention service providers will consiste transition to a new program in a way that is family-	ently interface with local service providers during a child's		
Authority CFR 303.344; 303.148; TN SBE Sec. 0520-1-100	09		
Potential	Data Sources		
<ul><li>Interagency agreements</li><li>Local ICC minutes</li><li>Personnel interview</li></ul>	<ul> <li>School data (survey/forum/focus groups)</li> <li>Lists of school systems</li> <li>List of other programs (for children over age 3)</li> </ul>		
LICC	Response		
Indicator Achieved: (Circle one) Yes No Partial	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)		
Data Sources Utilized (Attach analysis of Data to s	upport conclusion/s):		
Conclusions and Comments:			
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance		
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Cluster: 5.0 TRANSITION

Outcome/Desired Result: 5.1 Early intervention service providers will collaborate with local service providers to promote coordination of services as families move between programs

#### Indicator (of implementation)

**A.** Early intervention service providers will consistently interface with local service providers during a child's transition to a new program.

#### LICC Guidance for Determining Compliance

- 1. Do data show that transitions are timely and children and families receive necessary services?
- 2. Do individuals including parents who participate in transition planning knowledgeable about Part C and Part B procedures and requirements for transition into preschool services?
- 3. How do early intervention service providers in the district collaborate/participate with local service providers during transition?
- 4. How does the district promote the incorporation of family needs in the transition process?
- 5. How does the LICC acknowledge and showcase successful transition processes?
- 6. Does the LICC have a list of program options?
- 7. Does the LICC have interagency agreements with local programs that are likely to be involved in the transition process?
- 8. Do the LICC interagency agreements specify the responsibilities of each participating agency in the transition and the timeframe for transition activities?
- 9. If interagency agreements are utilized, is there a process to periodically review and revise the LICC interagency agreements to better meet the needs of families?

#### Notes:

- 1. Interagency agreements may consist of formal interagency agreements between two or more agencies or the LICC as a whole. Memorandums of Understanding (MOU) or other informal written agreements or procedures, such as LICC by-laws are also considered to be interagency agreements in this context.
- 2. Transition-means the steps to be taken, in accordance with federal and state regulations for IDEA to support the child's purposeful and organized move from: (a) one program to another; (b) the early intervention system to a preschool program; or (3) School to post school activities. TN SBE 0520-1-10.01 (57).

Part C Continuous Improvement Monitoring Self-Assessment			
Cluster: 6.0 PROCEDURAL SAFEGUARDS			
Outcome/Desired Result: 6.1 Procedural safeguearly intervention process.	ards protect the rights of parents throughout the		
Indicator (of implementation)  A. Early intervention service providers within the d safeguards are provided to families.	istrict have resources to insure that procedural		
Authority CFR 303.400; 303.402; 303.562; 303.567;TN SBE	Sec. 0520-1-1002 (5); 0520-1-1003 (3) (5)		
Potential	Data Sources		
<ul><li>List of interpreters</li><li>List of surrogate parents</li></ul>	<ul> <li>Copies of Rights of Infants and Toddlers</li> <li>Translated materials</li> </ul>		
Indicator Achieved:	Response If no or partial, complete Program Improvement Plan		
(Circle one) Yes No Partial	(P.I.P. form in appendices, (A1)		
Data Sources Utilized (Attach analysis of Data to s	upport conclusion/s):		
Conclusions and Comments:			
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance		
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments			
See guidance for determin	ing compliance on reverse side of this page PS 6.1 A		

Cluster: 6.0 PROCEDURAL SAFEGUARDS

Outcome/Desired Result: 6.1 Procedural safeguards protect the rights of parents throughout the early intervention process.

#### Indicator (of implementation)

**A.** Early intervention service providers within the district have resources to insure that procedural safeguards are provided to families.

#### LICC Guidance for Determining Compliance

- 1. Are there adequate numbers of copies of *Rights of Infants and Toddlers with Special Needs* for distribution to all early intervention service providers?
- 2. Are there adequate numbers of resources available to translate and/or interpret *Rights of Infants and Toddlers with Special Needs* in the languages found within the Community?
- 3. Are there adequate numbers of interpreters to insure that families are informed of procedural safeguards?
- 4. Are there adequate numbers of surrogate parents to insure procedural safeguards?
- 5. Is there training available in the district to help personnel inform families of procedural safeguards?

#### Note:

- 1. Refer to Service Coordination Training module: Procedural Safeguards for additional information
- 2. Parent-means (a) a natural or adoptive parent of a child; (b) a guardian, but not the State if the child is a ward of the State; (c) a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); (d) a surrogate parent who has been appointed in accordance with 34 CFR 303.406; or a foster parent may act as a parent if the natural parent's authority to make decisions on the child's behalf has been extinguished under Tennessee law; and the foster parent (1) has an ongoing, long-term parental relationship with the child or more than one year in duration; (2) is willing to make decisions required of parents under the IDEA; and (3) has no interest that would conflict with the interest of the child. TN SBE 0520-1-10-.01
- 3. Surrogate parent- for TEIS purposes, means an individual who has been assigned by the lead agency to act as a surrogate for the parent in order to ensure that the rights of a child eligible under IDEA Part C are protected. TBSBE 0520-1-10-.01 (55) TEIS shall appoint a surrogate parent to represent the child when (1) no parent can be identified; (2) a natural parent or legal guardian can not be located by phone, visits or certified letter to the last known address; (3) the child is a ward of the State. TN SBE 0520-1-10-.03 (1)

Part C Continuous Improvement Monitoring Self-Assessment			
Cluster: 7.0 FAMILY-CENTERED SERVICES			
	providers within the district have effective working the implementation of the early intervention system.		
Indicator (of implementation)  A. The district supports family participation in plant intervention.	ning and implementation of the local system of early		
Authority CFR 303.12; 303.321;TN SBE Sec. 0520-1-1002	(1); 0520-1-1002 (3); 0520-1-1002 (4)		
Potential	Data Sources		
<ul><li>Interagency agreements</li><li>LICC meeting minutes</li><li>Personnel interview</li></ul>	<ul><li>Family forums</li><li>Surveys</li></ul>		
LICC	Response		
Indicator Achieved: (Circle one) Yes No Partial	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)		
Data Sources Utilized (Attach analysis of Data to s	upport conclusion/s):		
Conclusions and Comments:			
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance		
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**Cluster: 7.0 FAMILY-CENTERED SERVICES** 

Outcome/Desired Result: 7.1 Early intervention providers within the district have effective working relationships that foster family involvement in the implementation of the early intervention system.

#### Indicator (of implementation)

**A.** The district supports family participation in planning and implementation of the local system of early intervention.

#### **Guidance for Determining Compliance**

- 1. Do early intervention service providers exhibit joint planning with each other?
- 2. Are there interagency agreements or other types of agreements among public and private agencies, as needed that provide early intervention services in the district for the following services?
  - child find and public awareness
  - referrals
  - transition
  - exchange of information
  - roles in service coordination
- 3. Do the interagency agreements utilize family-centered elements and address family-centered care?
- 4. Do local service providers, parents, private providers, LEA representatives, Head Start, and others participate in the Local Interagency Coordinating Council (LICC)
- 5. How do parents participate in the LICC?
  - Attendance
  - Surveys
  - Focus groups
  - Teleconference
- Recipient of LICC minutes6. Are LICC meetings held on a regular basis?
- 7. Does the LICC identify service gaps and inefficiencies and seek ways to make changes that enhance services in the community?
- 8. Are traditionally under-served groups, including minority groups, low-income, and rural families meaningfully involved in the planning and implementation of all components of the early intervention system?

#### Note:

- 1. Family-Centered- The recognition that the family is the constant in a child's life and that service systems and personnel must support, respect, encourage, and enhance the strength and competence of the family. *IFSP Manual,* TN DOE 1-2000, Chapter 8, p. 6.
- 2. Interagency agreements may consist of formal interagency agreements between two or more agencies or the LICC as a whole. Memorandums of Understanding (MOU) or other informal written agreements or procedures, such as LICC by-laws are also considered to be interagency agreements in this context.

Self-Assessment			
Cluster: 7.0 FAMILY CENTERED SERVICES			
Outcome/Desired Result: 7.2.Early intervention :	services are provided in natural environments.		
<ul><li>Indicator (of implementation)</li><li>A. Early intervention services are available in a va</li></ul>	riety of natural environment settings.		
Authority CFR 303.12; 303.18; 303.167;TN SBE Sec. 0520-1-	-1002 (11)		
Potential	Data Sources		
<ul><li>Child count data</li><li>Central directory</li><li>Census data</li></ul>	<ul><li>Family data (surveys/forums</li><li>List of service providers</li></ul>		
	Response		
	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)		
Data Sources Utilized (Attach analysis of Data to su  Conclusions and Comments:			
TN Division of S. E. Use Only Date of Validation: Monitoring Consultant/s Reviewing:	Status: ☐ Compliance ☐ Non-Compliance		
Additional Information/Comments	compliance on reverse side of this page FSC 7.2 A		

**Cluster: 7.0 FAMILY-CENTERED SERVICES** 

Outcome/Desired Result 7.2.Early intervention services are provided in natural environments.

#### Indicator (of implementation)

A. Early intervention services are available in a variety of natural environment settings.

#### **Guidance for Determining Compliance**

- 1. Are early intervention services available in a variety of settings, including home, child care, and other community locations?
- 2. What resources are available to help early intervention service providers provide services in natural environments, including daily routines?

#### Note:

- 1. **Natural Environment-**means settings that are natural or normal for the child and family, including home and community settings in which children without disabilities participate and that are considered natural or normal for the child's age peers who have no disability. TN SBE 0520-1-10-.01 (37)
- 2. Definition of settings:
- **Program Designed for Children with Developmental Delays or Disabilities-** This setting refers to an organized program of at least one hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental area. Examples include early intervention classrooms/centers and developmental child care programs.
- Program Designed for Typically Developing Children- Services are provided in a program
  regularly attended by a group of children. Most of the children in this setting do not have a disability.
  For example, this includes children served in a regular nursery school and child care centers,
  mother's day out programs, library story times
- Home- Services are provided in the principle residence of the child's family or caregivers. It may also include activities in the community that are typically engaged in by the family, such as grocery store, ball games, church, and park.
- Hospital (Inpatient) Hospital refers to a residential medical facility. Child must be receiving services on an inpatient basis.
- **Residential facility-** Residential facility refers to a treatment facility which is not primarily medical in nature, where the infant or toddler currently resides.
- **Service Provider Location-** Provider location services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services.
- Other (Identify) Any service environment/setting not included above. Examples include phone (as
  in service coordination) or if the only component of the infant's early intervention services is parent
  counseling during which the child is not present and the child received no direct service, count as
  "Other"

Note: Children are counted according to the type of program received at a location (environment), not the type of location. For example, children in a program designed for children with developmental delays or disabilities operated at a hospital should be counted under "program designed for developmental delays". Children who receive physical therapy at a hospital or on an outpatient basis should be counted under "service provider location." Children who are patients in a hospital should be counted under "hospital." (Office of Special Education Programs (OSEP), US Department of Education, 1999)

- **3.** Requirements for Programs for typically developing children:
  - · DHS license
  - 50/50 ratio
  - curriculum for typically developing children

Part C Continuous Improvement Monitoring Self-Assessment		
Cluster: 7.0 FAMILY CENTERED SERVICES		
Outcome/Desired Result: 7.2.Early intervention	services are provided in the natural environment.	
Indicator (of implementation)  B. Children who are participating in the Part C proabilities.	ogram demonstrate improved and sustained functional	
Authority CFR 303.12; 303.346; 303.525;TN SBE Sec. 0520	-1-1002 (11)	
Potentia	I Data Sources	
<ul><li>Child count data</li><li>Census data</li></ul>	<ul><li>Family data (forums/surveys)</li><li>Child outcomes data</li></ul>	
LICC	Response	
Indicator Achieved: (Circle one) Yes No Partial	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)	
Data Sources Utilized (Attach analysis of Data to s	upport conclusion/s):	
Conclusions and Comments:		
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance	
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments		
See guidance for determining	g compliance on reverse side of this page FSC 7.2 B	

**Cluster: 7.0 FAMILY-CENTERED SERVICES** 

Outcome/Desired Result: 7.2.Early intervention services are provided in the natural environment.

#### Indicator (of implementation)

**B.** Children who are participating in the Part C program demonstrate improved and sustained functional abilities.

#### **Guidance for Determining Compliance**

1. What percentage of children, participating in the Part C program, demonstrates improved and functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development)

1. Possible data sources to assist in determining the percentage of children demonstrating improved and sustained functional abilities may include exit data on children who have reached their age appropriate developmental level; and reviews of outcomes and activities on IFSPs. (Part C Annual Performance Report, Reporting Procedures and Tables, Draft: OSEP, Examples of Possible Data Sources to Assist with Completion of APR (12/02).

Part C Continuous Improvement Monitoring Self-Assessment			
Cluster: 8.0 PERSONNEL			
Outcome/Desired Result: 8.1 The district has adequate personnel resources to meet individual chil and family needs through home or community based services.	ld		
Indicator (of implementation)  A. The district has adequate personnel to ensure that children and families receive the services and supports as specified according to the IFSP.			
Authority CFR: 303.12; 303.128; 303.147; TNSBE Sec. 0520-1-1005 (7)			
Potential Data Sources			
<ul> <li>Caseload documentation</li> <li>Child Count data</li> <li>Family data</li> <li>Census</li> </ul>			
LICC Response			
Indicator Achieved: (Circle one) Yes No Partial  If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)			
Data Sources Utilized (Attach analysis of Data to support conclusion/s):			
Conclusions and Comments:			
TN Division of S. E. Use Only  Status:  Compliance  Non-Compliance	!		
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments			
See guidance for determining compliance on reverse side of this page. P 8.1 A			

Guidance		
Cluster: 8.1 PERSONNEL		
Outcome/Desired Result: 8.1 The district has adequate personnel resources to meet individual child and family needs through home or community based services.		
Indicator (of implementation)		
A. The district has adequate personnel to ensure that children and families receive the services and supports as specified according to the IFSP.		
LICC Cuidenes for Determining Compliance		
LICC Guidance for Determining Compliance		
<ol> <li>Are there adequate numbers of personnel within the district to provide services as identified on the IFSP?</li> <li>Do traditionally under-served groups; including minority, low income and rural families have access to culturally competent services within their geographical area?</li> </ol>		

# TENNESSEE Monitorin

Part C Continuous Improvement Monitoring Self-Assessment		
Cluster: 9.0 GENERAL SUPERVISION		
Outcome/Desired Result: 9.1 The early intervention system within the district participates in ongoing self-assessment and monitoring activities.		
Indicator (of implementation)  A. The district conducts a self-assessment as part of monitoring by the Department of Education.		
Authority CFR: 303.501		
Potential Data Sources		
<ul> <li>District monitoring reports</li> <li>Attendance logs for meetings regarding the monitoring process</li> </ul>	Corrective Action Plans/PIPS	
LICC Response		
Indicator Achieved: (Circle one) Yes No Partial	If no or partial, complete Program Improvement Plan (P.I.P. form in appendices, (A1)	
Data Sources Utilized (Attach analysis of Data to s	upport conclusion/s):	
Conclusions and Comments:		
TN Division of S. E. Use Only	Status: ☐ Compliance ☐ Non-Compliance	
Date of Validation: Monitoring Consultant/s Reviewing: Additional Information/Comments		
See guidance for det	termining compliance on reverse side of this page. GS 9.1 A	

#### **Cluster: 9.0 GENERAL SUPERVISION**

Outcome/Desired Result: 9.1 The early intervention system within the district participates in ongoing self-assessment and monitoring activities.

#### **Indicator (of implementation)**

**A.** The district conducts a self-assessment as part of monitoring by the Department of Education.

#### LICC Guidance for Determining Compliance

- 1. Do agencies appoint representatives to the Local Interagency Council (LICC) in order to complete the Self-Assessment provided by the Department of Education?
- 2. Are all early intervention agencies within the district represented at meetings regarding the self-assessment and monitoring process?
- 3. Does the team completing the self-assessment request additional guidance and/or technical assistance as needed?
- 4. Do early intervention service providers within the district provide requested information, including data, to the self-assessment team and Department of Education as requested (Child Count Data, training logs, etc)?
- 5. Does the self-assessment process result in a clear picture of:
  - service delivery in the district
  - data-based decision making process (e.g. complaints, due process requests, mediation)
  - identification and utilization of PIP resulting in improvements
- 6. Does the self assessment participants include:
  - administrators
  - board members
  - family members
  - direct service providers